

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN THE APPLICATION OF:

DAVID M. RINEHART ET. AL.

SERIAL NO.: 10/817,492

FILED: APRIL 02, 2004



CASE NO.: AD6992 US NA

GROUP ART UNIT: 1772

EXAMINER: ALEXANDER S. THOMAS

FOR: GLASS LAMINATES HAVING IMPROVED STRUCTURAL INTEGRITY
AGAINST SEVERE STRESSES FOR USE IN EXTERNAL PRESSURE PLATE
GLAZING APPLICATIONS

SUBMISSION OF CORRECTED DRAWINGS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants submit corrected drawings herewith.

Figure 2 is amended to refer to elements 6 and 6a, whereas previously it listed "6" twice. The 6 and 6a were placed on the left and right side of the figure. Support is at page 11, line 29 – page 12, line 27, which paragraph is being amended to correct the numbers. These changes are evident because this paragraph describes glazing element 6 comprising a glass (7)/interlayer (8)/glass (7) laminate, and a first attachment clip (9) and adjacent glazing element (6a) comprising a second glass (7)/interlayer (8)/glass (7) laminate and having a second attachment clip (9a).

Applicants also removed four unnecessary lines from Figures 2 and 3, each near the gaskets labeled 12. As can be seen from the description is at page 11, line 29 – page 12, line 27, these lines were drawn through air and did not belong in the drawings.

Entry is respectfully requested.

Respectfully submitted,

Mark D. Kuller
ATTORNEY FOR APPLICANTS
Registration No.: 31,925
Telephone: (302) 892-1354
Facsimile: (302) 992-2953

Dated: February 23, 2006



TFW \$

PTO/SB/92 (09-04)

Approved for use through 07/31/2006. OMB 0561-0031

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Registration Number, if applicable

302-992-3225

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10/817492

AD6992USNA

Petition for Extension of Time (1 page)

Fee Transmittal (1 page)

Fee Transmittal (1 page)

Response (15 pages)

Terminal Disclaimer to Obviate a Provisional Double Patenting Rejection over a Pending "Reference" Application (1 page)

Submission of Corrected Drawings (4 pages)

Second Information Disclosure Statement (2 pages)

PTO/SB/08A (1 page)

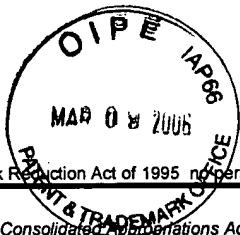
PTO/SB/08B (1 page)

References

Postcard

Page 1 of 1

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PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 500.00

Complete if Known

Application Number	10/817492
Filing Date	April 02, 2004
First Named Inventor	David M. Rinehart Et. Al.
Examiner Name	Thomas
Art Unit	1772
Attorney Docket No.	AD6992USNA

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: **04-1928** Deposit Account Name: **E. I. du Pont de Nemours and Company**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 200	100	0.00
Design	<input type="checkbox"/> 200	100	<input type="checkbox"/> 100	50	<input type="checkbox"/> 130	65	0.00
Plant	<input type="checkbox"/> 200	100	<input type="checkbox"/> 300	150	<input type="checkbox"/> 160	80	0.00
Reissue	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 600	300	0.00
Provisional	<input type="checkbox"/> 200	100	<input type="checkbox"/> 0	0	<input type="checkbox"/> 0	0	0.00

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
30	- 20 or HP = 10	x 50.00 =	500.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 3 or HP = 0	x 200.00 =	0.00

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
Fee (\$)
Fee Paid (\$)
YES ☐ 360.00**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x	250.00	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

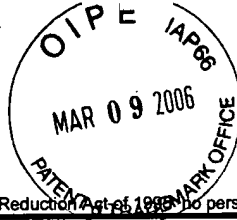
Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY

Signature	<i>Mark D. Kuller</i>	Registration No. (Attorney/Agent)	31,925	Telephone (302) 892-1354
Name (Print/Type)	Mark D. Kuller			Date 2/23/2006

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PTO/SB/17 (01-06)

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FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

Application Number	10/817492
Filing Date	April 02, 2004
First Named Inventor	David M. Rinehart Et. Al.
Examiner Name	Alexander S. Thomas
Art Unit	1772
Attorney Docket No.	AD6992USNA

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: **04-1928** Deposit Account Name: **E. I. du Pont de Nemours and Company**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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Utility	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 200	100	0.00
Design	<input type="checkbox"/> 200	100	<input type="checkbox"/> 100	50	<input type="checkbox"/> 130	65	0.00
Plant	<input type="checkbox"/> 200	100	<input type="checkbox"/> 300	150	<input type="checkbox"/> 160	80	0.00
Reissue	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 600	300	0.00
Provisional	<input type="checkbox"/> 200	100	<input type="checkbox"/> 0	0	<input type="checkbox"/> 0	0	0.00

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	50.00	=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	200.00	=

HP = highest number of independent claims paid for, if greater than 3.

Small Entity
Fee (\$)
50
200
360

Multiple Dependent Claims
Fee (\$)
360.00

YES ☐ 360.00**3. APPLICATION SIZE FEE**

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- 100 =	/ 50 =	(round up to a whole number) x	250.00	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal disclaimer fee under 37 CFR 1.20(d)

Fees Paid (\$)

130.00

SUBMITTED BY

Signature	<i>Mark D. Kuller</i>	Registration No. (Attorney/Agent)	31,925	Telephone	(302) 892-1354
Name (Print/Type)	Mark D Kuller	Date	2/21/06		

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